

Entered - 6-29-99 - sb
CL 99L0390 - ALEXIS HOLMES

CLAIM OF: **MARK BRAVARD**
3588 Highway 138
122
Stockbridge, Georgia 30281

01- R-1529

For damages alleged to have been sustained as a result of vehicular damage due to a rock falling from a City dump truck on May 11, 1999 at Moreland Avenue and Interstate 20.

THIS ADVERSE REPORT IS APPROVED

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robert N. Gelfand DCA*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0390

Date: 9/13/01

Claimant /Victim MARK BRAVARD

BY: (Atty) _____

Address: 3588 Highway 138, Apt. 122, Stockbridge, Georgia 30281

Subrogation: _____ Claim for Property damage \$ 333.77 Bodily Injury \$ _____

Date of Notice: 6/28/99 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 5/11/99 Place: Moreland Avenue and Interstate 20

Department Public Works Division: Street Operations

Employee involved Unknown Disciplinary Action: _____

NATURE OF CLAIM: The windshield on the claimant's vehicle was broken when a rock fell from a City dump truck and struck same causing damages in the above amount. Several attempts to contact the claimant were made by telephone and by mail but the claimant could not be located. Therefore this claim is deemed abandoned.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Other _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned X

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 09-13-01

Committee Action: _____ Council Action _____

RECEIVED JUN 28 1999

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 6/26/99

ENTERED - 6-29-99 - SB
99L0390 - DOBBS JORDAN

JORDAN
06/28/99
[Signature]

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 333.22 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 5/11/99 2. Time of Incident: 2:20pm 3. Police called: X
(month/day/year) Yes No
4. Location of incident (including street address): Mordard Ave just north of I20
5. Name of your insurance company: Grident Elite Ins Co Policy No. 004985-EE/
6. State what and how incident occurred: Mud and rock flew off
Equipment being hauled (Case Equipment on a Crosley
Tridley). The truck had the #s M23201 and 0017905
I wrote down another, maybe the tag# 92453. Cracked
windshield
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: Saturn (SL2) 96 AUA8638 (OH) Mark Bravard
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: See # 6
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: _____
(Name) (Address) (Telephone Number)
10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

[Signature]
Signature of Claimant

Mark Bravard
(Print Claimant's Name)

3588 Hwy. 138, #122
(Address)

Stockbridge, GA 30281
(City, State and Zip Code)

770.210.0016
(Work Number)

(Home Number)

01-2-1529